

STATE OF CONNECTICUT  
OFFICE OF THE CHILD ADVOCATE  
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**Testimony of Mickey Kramer, Acting Child Advocate  
In Support of Raised Senate Bill No. 293, An Act  
Concerning Permanency and Transition Plans, and  
Raised House Bill No. 5347, An Act Concerning  
the Reporting of Children Placed in Seclusion.  
March 6, 2012**

Good morning, Senator Gerratana, Representative Urban, and members of the Select Committee on Children. My name is Mickey Kramer and I am the Acting Child Advocate for the State of Connecticut. I appreciate the opportunity to testify in support of **No. 293, An Act Concerning Permanency and Transition Plans, and Raised House Bill No. 5347, An Act Concerning the Reporting of Children Placed in Seclusion.**

Raised Senate Bill No. 293, An Act Concerning Permanency and Transition Plans, places emphasis on the crucial needs of the most vulnerable populations of children in state care: the very youngest – newborns through age five, and the youth who are approaching the age of majority and the prospect of “aging out” of DCF care. Throughout the country, children under the age of five represent almost half of the children placed in state custody each year, and these young children face a high incidence of developmental delays or chronic medical conditions, are more likely to be neglected or abused while in state care, and are more likely to re-enter care than older children are. It is therefore of utmost importance that any discussion of their permanency plans contain explicit descriptions of the efforts undertaken by Department of Children and Families, foster parents or other custodians, and services providers to ensure that any and all early intervention, special education, or specialized medical or mental health services have been initiated and implemented as necessary. It is also of vital importance to ensure that the child’s parents, in cases where reunification is the goal, or other future guardians are actively engaged and supported by DCF and the provider network in order to ensure that the child’s necessary services remain in place, efficiently and seamlessly, after the child leaves DCF custody.

The importance of consistent, engaged caregivers cannot be overstated, whether for very young children or those who are approaching adulthood. Connecticut has one of the largest percentages in the country of youth who “age out” of DCF care at 18 without the benefit of a permanent family or other consistent caregiver. Youth who leave foster care without a safe, permanent family are very frequently shown in studies to experience negative life outcomes, including lack of a high school diploma or GED, one or more episodes of homelessness, unemployment, lack of health insurance, and a nearly 30 percent rate of incarceration — dramatically higher than the rate for other young adults. Raised Senate Bill No. 293 recognizes the

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requirement set forth in the federal Fostering Connections to Success Act of 2008 for the states develop a personal, individualized transition plan for youth expected to age out of DCF care and creates a quality assurance mechanism to enforce the expectation that the youth's caseworker and caregivers begin when the youth is sixteen to develop a transition plan that addresses specific options on housing, health insurance, education, local opportunities for mentors and continuing support services, and workforce supports and employment services. OCA has been made aware of too many instances in which these crucial plans for youth's transition to independent adult life, or even to state systems serving adults, are insufficiently comprehensive or initiated too late to ensure that the unique needs of these young adults are optimally addressed; therefore I urge you to report favorably on Raised Senate Bill No. 293.

Raised House Bill No. 5347, An Act Concerning the Reporting of Children Placed in Seclusion, replaces the current option that the State Department of Education review use of seclusion in schools with a requirement that it do so. Current state law requires school systems to document each instance of restrictive interventions such as seclusion and physical restraint, but does not mandate that this documentation specify whether such restrictive interventions constitute an authorized component of a student's Individualized Educational Plan or are undertaken on an emergency basis. While these restrictive interventions are allowed under IDEA, it must be explicitly understood that restraint and seclusion in any setting are not therapeutic interventions and must only be used in situations in which there is imminent risk to the safety of one or more students, and after all possible alternatives to reduce or eliminate such risk have been attempted. Restrictive interventions are never to be used as a means of coercion, compliance, discipline, or retaliation, for the convenience of others, or as a substitute for less restrictive interventions. As you are all no doubt aware, OCA and other state agencies are currently involved in an investigation of the use of seclusion in a Connecticut school system, and at this time we have insufficient information to offer preliminary findings or recommendations on the practices in this one municipality, much less statewide. Raised House Bill No. 5347 would provide vitally important data on the frequency and circumstances under which seclusion and physical restraint are used in schools statewide and help to illuminate the question of whether seclusion and restraint usage in our school systems is problematic. It is of the utmost importance that the SDOE, individual school boards, and other stakeholders have a comprehensive understanding of how seclusion and other restrictive interventions are utilized and what effect they have on individual children and the general school environment in order to offer recommendations to improve upon current practice. Therefore I respectfully request that you report favorably on Raised House Bill No. 5347, and continue to revisit this issue in future legislative sessions.

Thank you for this opportunity to testify on these important bills; I welcome your questions and look forward to collaborating with you to ensure the wellbeing of children in their homes, schools, and communities.